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APPLICANTS

Uwe Karsten, Berlin, GERMANY;
 Franz-Georg Hanisch, Koln, GERMANY;
 Hans Paulsen, Hamburg, GERMANY;

** CONTINUING DATA *****

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** FOREIGN APPLICATIONS *****

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IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

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Verified and Acknowledged	Examiner's Signature <i>[Signature]</i> Initials <i>SR</i>				

ADDRESS

23622
 GOODWIN PROCTER
 103 EISENHOWER PARKWAY
 ROSELAND , NJ
 07068

TITLE

Tumor vaccines for MUC1-positive carcinomas

FILING FEE RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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